24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
National Nurses United for Patient Protection							
	C C00490375						
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee	Date of Public Distribution/Dissemination						
Autumn Press	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 945 Camelia St	05 11 2016 Amount						
City State Zip Code Berkeley CA 94710-1437	5556.90						
	Transaction ID : D734821 Date of Disbursement or Obligation						
Purpose of Expenditure Printing Category/ Type	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Office	e Sought: House District: 00						
Bernie Sanders Oppose	President Senate State: CA						
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: X Primary General Other (specify) ▶						
Full Name of Payee	Date of Public Distribution/Dissemination						
Javier Moreno Polllaroio	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 1521 3rd Ave	03 31 2016						
1021010700	Amount						
City State Zip Code	20.00						
Oakland CA 94606	Transaction ID: D734823						
Purpose of Expenditure Translation Santiaga Category/	Date of Disbursement or Obligation						
Translation Services Type	05 10 2016						
Name of Federal Candidate Support Office	e Sought: House District: 00						
Barnia Sandars	President Senate State: CA						
Calendar Year-To-Date Disbi	ursement For: X Primary General						
Per Election for Office Sought 9293.95 2016							
(a) SUBTOTAL of Itemized Independent Expenditures	5576.90						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(a) TOTAL Independent Expanditures							
(c) TOTAL Independent Expenditures	7 7 7						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Martha Kuhl							
[Electronically Filed] Date	05 11 2016						
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection		C C00490375				
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee	Da	te of Public Distribution/Dissemination				
Autumn Press		05 11 2016				
Mailing Address 945 Camelia St	Am	nount				
City State Zi	p Code	3062.30				
	4710-1437 Tra	Transaction ID : D734822 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office Sou	ught: House District: 00				
Bernie Sanders	Oppose Pre	sident Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	9293.95 Disbursen 2016	nent For:				
Full Name of Payee National Nurses United	Da	te of Public Distribution/Dissemination				
Mailing Address		05 / 06 / 2016				
155 Grand Avenue	An	nount				
City State Zi	ip Code	54.00				
Oakland CA 9		nsaction ID : D734825 tte of Disbursement or Obligation				
Purpose of Expenditure Payroll	Category/ Type	05 / 11 / 2016				
Name of Federal Candidate	X Support Office So	ught: House District: 00				
Bernie Sanders		sident Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	9293.95 Disburser 2016	nent For:				
(a) SUBTOTAL of Itemized Independent Expenditures	······	3116.30				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7 7				
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1 1 7 1				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronica	ally Filed] Date 05	11 2016				
Signature	24.0					

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	aute Ly			FOR SE	OF FORM 24/48	
	OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼	
เทสไไ	onal Nurses United for Patient Protection			C C00490378	5	
Check i	if X 24-hour report 48-hour report New report	ort Amends repo		и = M / D = D	/ Y = Y = Y = Y	
Full	Name of Payee		Date of	of Public Distribution	on/Dissemination	
National Nurses United			M	05 / 07	2016	
Mailing Address 155 Grand Avenue			Amou	Amount		
City	y State			87.75		
	akland CA	Zip Code 94612		Transaction ID : D734826 Date of Disbursement or Obligation		
	pose of Expenditure yroll	Category/ Type		05 11	2016	
Nar	me of Federal Candidate	Support	Office Sough	nt: House	District:00	
Ве	rnie Sanders	Oppose	X Preside		State: CA	
	Calendar Year-To-Date Per Election for Office Sought	9293.95	Disbursemen 2016		ary General	
				Other (specify) -		
	Name of Payee ational Nurses United			of Public Distribution	/ Y = Y = Y = Y	
Ма	iling Address 155 Grand Avenue		Amou	05 09 unt	2016	
City	y State	Zip Code	$ $ Γ		513.00	
Oa	akland CA	94612		Transaction ID : D734827 Date of Disbursement or Obligation		
	rpose of Expenditure ayroll	Category/ Type		05 11	2016	
Na	me of Federal Candidate	Support	Office Sough	ht: House	District:00	
Ве	rnie Sanders	Oppose	X Preside		State: CA	
	Calendar Year-To-Date Per Election for Office Sought	9293.95	Disbursemen 2016	nt For: X Prima	ary General	
(a) !	SUBTOTAL of Itemized Independent Expenditures		.		600.75	
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		· •			
(c) -	TOTAL Independent Expenditures		· [9293.95	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Martha Kuhl [Electron	cically Filed] Date	M M /		016	
S	ignature	Jale		ئىا لىنا		
			1	1		

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